

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>17092</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>E</u> <u>Boger</u> P.O. Box, Bldg., Room No., if any <u> </u> Street <u>3200 East Prospect Road</u> City <u>York</u> State <u>PA</u> ZIP Code + 4 <u>17402</u>	4. Name, file number, and address of labor organization. Name <u>IAMAW District 98</u> Labor Organization File Number <u>047-558</u> P.O. Box, Building and Room Number, if any <u> </u> Street <u>3200 East Prospect Road</u> City <u>York</u> State <u>PA</u> ZIP Code + 4 <u>17402</u>
5. Position in labor organization. <u>Directing Business Representative</u>	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name _____	
Trade Name, if any: _____	
P.O. Box, Bldg., Room No., if any _____	
Street _____	
City _____	7.b. Amount.
State _____ ZIP Code + 4 _____	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas E. Boger

On

Aug. 15, 2005
Date

Date _____

(717) 600-1198

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name Willig, Williams & DavidsonTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1845 Walnut StreetCity PhiladelphiaState PA ZIP Code + 4 19103**9. Business deals with:**

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **11.a. Nature of such dealing.**Legal Counsel to IAMAW District 98**11.b. Approximate dollar value of such dealing.** \$14,223.93**12.a. Nature of interest held or income received.**Baseball tickets 2 (\$80.00)**12.b. Amount.** \$80.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **14.a. Nature of payment.****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ ?**14.b. Amount of payment.**